2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED DOCUMENT # P98000031607 Feb 20, 2006 08:00 AN 1. Entity Name **Secretary of State** ON-LINE RACING KENNELS, INC. Principal Place of Business Mailing Address 2340 SW 135TH AVE 2340 SW 135TH AVE MIRAMAR FL 33027 MIRAMAR FL 33027 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State 65-0825048 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ARNO, RICHARD Street Address (P.O. Box Number is Not Acceptable) 2340 ŚW 135TH AVENUE MIRAMAR FL 33027-2691 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or provided name of registered agent and like a applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN...11 OFFICERS AND DIRECTORS 10. 11. 🗀 Delete TITLE ☐ Change ☐ Addition TITLE NAME ARNO, RICHARD NAME STREET ADDRESS STREET ADDRESS 2340 SW 135TH AVE Firmin 1442433 CATY-ST-ZIP CITY-ST-ZIF MIRAMAR FL 33027-2691 <u> 150.00</u> ☐ Change Addition Delete TITLE TITLE NANE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP D Change Addition --- 🗀 Delete -TUTE HELE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition MLE ☐ Delete TITLE SIASSE MAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Addition Change ☐ Delete THE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Addition Delete Charge TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

11/2006

Daytime Phone #

th an address, with all other like empowered

if changed, or on an attachment

SIGNATURE: